

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NH
APPLICATION YEAR: 2010

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

STATE: NH

\$ 9,606,740

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2010
Field Note:
SECCS Planning Grant
2. **Section Number:** Form2_Main
Field Name: CDC
Row Name: Other Federal Funds - CDC
Column Name:
Year: 2010
Field Note:
Rape Prevention & Education Grant \$ 167,568
EHDI Grant \$ 143,227

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NH

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 2,094,555	\$ 2,065,064	\$ 2,065,063	\$ 2,017,856	\$ 2,017,904	\$ 2,017,856
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 6,265,249	\$ 5,592,078	\$ 6,419,828	\$ 5,821,519	\$ 6,772,394	\$ 6,408,767
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 152,000	\$ 351,588
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 8,359,804	\$ 7,657,142	\$ 8,484,891	\$ 7,839,375	\$ 8,942,298	\$ 8,778,211
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 764,810	\$ 753,517	\$ 745,052	\$ 627,988	\$ 786,473	\$ 627,647
9. Total (Line11, Form 2)	\$ 9,124,614	\$ 8,410,659	\$ 9,229,943	\$ 8,467,363	\$ 9,728,771	\$ 9,405,858
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NH

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,017,856	\$ 1,997,739	\$ 1,997,739	\$	\$ 2,002,939	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 6,804,855	\$ 6,536,359	\$ 7,170,215	\$	\$ 6,733,801	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 870,000	\$ 729,101	\$ 870,000	\$	\$ 870,000	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 9,692,711	\$ 9,263,199	\$ 10,037,954	\$ 0	\$ 9,606,740	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 777,899	\$ 762,133	\$ 755,805	\$	\$ 790,387	\$
9. Total <i>(Line11, Form 2)</i>	\$ 10,470,610	\$ 10,025,332	\$ 10,793,759	\$ 0	\$ 10,397,127	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
Contract expenditures were less than anticipated.
2. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
A system to collect fees for Newborn Screening filter paper orders was created. Actual fees received were higher than thought during early planning process.
3. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
Several "Other" federal grants received reductions.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NH

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 640,442	\$ 546,978	\$ 562,551	\$ 595,570	\$ 558,718	\$ 648,669
b. Infants < 1 year old	\$ 1,043,589	\$ 903,419	\$ 933,203	\$ 974,751	\$ 945,315	\$ 1,059,235
c. Children 1 to 22 years old	\$ 2,810,403	\$ 2,569,998	\$ 2,688,674	\$ 2,698,353	\$ 2,877,209	\$ 2,911,790
d. Children with Special Healthcare Needs	\$ 2,993,212	\$ 2,309,664	\$ 2,886,836	\$ 2,282,341	\$ 2,814,428	\$ 2,811,972
e. Others	\$ 789,866	\$ 767,346	\$ 1,030,535	\$ 854,265	\$ 1,092,946	\$ 1,020,259
f. Administration	\$ 82,292	\$ 559,737	\$ 383,092	\$ 434,095	\$ 653,682	\$ 326,286
g. SUBTOTAL	\$ 8,359,804	\$ 7,657,142	\$ 8,484,891	\$ 7,839,375	\$ 8,942,298	\$ 8,778,211
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 100,000		\$ 100,000		\$ 140,000	
d. Abstinence Education	\$ 96,930		\$ 94,901		\$ 94,901	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 330,151		\$ 330,151		\$ 331,572	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
N Univ Newborn Hear	\$ 0		\$ 0		\$ 120,000	
NH Univ Newborn He	\$ 0		\$ 120,000		\$ 0	
NH Univ Newborn Hear	\$ 100,229		\$ 0		\$ 0	
Transitioning Hlthy	\$ 37,500		\$ 0		\$ 0	
III. SUBTOTAL	\$ 764,810		\$ 745,052		\$ 786,473	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NH

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 713,863	\$ 756,213	\$ 728,624	\$	\$ 712,920	\$
b. Infants < 1 year old	\$ 1,212,814	\$ 1,256,990	\$ 1,246,191	\$	\$ 1,214,601	\$
c. Children 1 to 22 years old	\$ 3,732,204	\$ 3,642,558	\$ 3,902,334	\$	\$ 3,765,239	\$
d. Children with Special Healthcare Needs	\$ 2,490,888	\$ 2,240,801	\$ 2,534,100	\$	\$ 2,909,998	\$
e. Others	\$ 1,048,232	\$ 1,022,825	\$ 1,086,790	\$	\$ 551,070	\$
f. Administration	\$ 494,710	\$ 343,812	\$ 539,915	\$	\$ 452,912	\$
g. SUBTOTAL	\$ 9,692,711	\$ 9,263,199	\$ 10,037,954	\$ 0	\$ 9,606,740	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 94,901		\$ 94,901		\$ 94,948	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 322,998		\$ 306,260		\$ 310,795	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
NH Univ Newborn Hear	\$ 120,000		\$ 120,000		\$ 150,000	
III. SUBTOTAL	\$ 777,899		\$ 755,805		\$ 790,387	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2007

Field Note:

A significant impact to the difference between the budget vs the actual expenditures for this reporting category (and others) is reflective of the increased cost to salary, health benefits, rent, cost of travel. These costs are increasing at a higher rate than was expected when the FFY07 budget was prepared.

2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2007

Field Note:

A significant impact to the difference between the budget vs the actual expenditures for this reporting category (and others) is reflective of the increased cost to salary, health benefits, rent, cost of travel. These costs are increasing at a higher rate than was expected when the FFY07 budget was prepared.

Also having an impact in this reporting category is the collection of filter paper fees for the Newborn Screening Program. The fees collected were greater than the projection when preparing the FFY07 budget.

3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2008

Field Note:

Budget vs expended differs by more than 10% as a result of :
Vacancies, budget reductions and cost saving measures taken during FY08.

- DW/LC

4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2010

Field Note:

For future reference:

There is difference >10% in the budgeting of "Others" in FY 10 as this has for many years included the Catastrophic Illness Program (CIP) of Special Medical Services. In FY10 budgeting the CIP was moved to the Bureau of Elderly and Adult Services.

- DW/LC

5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2008

Field Note:

Budget vs expended differs by more than 10% as a result of:

Significant reductions in operating expenses, travel, etc.

6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2007

Field Note:

Special Medical Services (SMS) has revised their method of calculating the budget and expenditures for the allotment of the Title V grant and general funds designated to their Section. SMS no longer budgets or reports expenditures as "admin".

SMS also received a significant general fund reduction. This will impact to some degree several reporting categories.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NH

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,125,567	\$ 2,946,607	\$ 3,219,743	\$ 3,027,370	\$ 3,479,207	\$ 3,443,619
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,183,891	\$ 2,078,307	\$ 2,316,014	\$ 2,058,596	\$ 2,507,944	\$ 1,676,989
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 474,528	\$ 478,769	\$ 449,342	\$ 498,602	\$ 463,995	\$ 877,096
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,575,818	\$ 2,153,459	\$ 2,499,792	\$ 2,254,807	\$ 2,491,152	\$ 2,780,507
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 8,359,804	\$ 7,657,142	\$ 8,484,891	\$ 7,839,375	\$ 8,942,298	\$ 8,778,211

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NH

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,808,785	\$ 3,599,303	\$ 4,131,934	\$	\$ 3,660,298	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,275,996	\$ 2,069,721	\$ 2,340,590	\$	\$ 2,288,433	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 897,243	\$ 935,910	\$ 890,576	\$	\$ 851,889	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,710,687	\$ 2,658,265	\$ 2,674,854	\$	\$ 2,806,120	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 9,692,711	\$ 9,263,199	\$ 10,037,954	\$ 0	\$ 9,606,740	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Relative to CSHCN, a previous administrator had maintained the same distribution of resources for several years. In June 2007, a new administrator undertook a re-evaluation of the distribution, "to more accurately report the services being provided" based on Block Grant guidance.
- 2. Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Relative to CSHCN, a previous administrator had maintained the same distribution of resources for several years. In June 2007, a new administrator undertook a re-evaluation of the distribution, "to more accurately report the services being provided" based on Block Grant guidance
- 3. Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
A significant impact to the difference between the budget vs the actual expenditures for this reporting category (and others) is reflective of the increase cost for personnel, health benefits, rent, travel expense, etc. These costs are increasing at a higher rate than was expected when the FFY07 budget was prepared.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NH

Total Births by Occurrence: 13,629

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	13,590	99.7	17	1	1	100
Congenital Hypothyroidism	13,590	99.7	143	10	10	100
Galactosemia	13,590	99.7	4	1	1	100
Sickle Cell Disease	13,590	99.7	4	0	0	
Other Screening (Specify)						
Biotinidase Deficiency	13,590	99.7	2	1	1	100
Cystic Fibrosis	13,588	99.7	69	6	6	100
Homocystinuria	13,590	99.7	51	0	0	
Maple Syrup Urine Disease	13,590	99.7	0	0	0	
Other	13,587	99.7	2	0	0	
Argininosuccinic Acidemia	13,590	99.7	1	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	13,590	99.7	57	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	13,590	99.7	3	1	1	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	13,590	99.7	1	1	1	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

- Section Number:** Form6_Main
Field Name: SickCellDisease_Presumptive
Row Name: SickCellDisease
Column Name: Presumptive positive screens
Year: 2010
Field Note:
4 non sickling. There were also 96 with hemoglobin traits.
- Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
"Other" is congenital toxoplasmosis.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NH

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,800	69.0	0.0	10.0	12.0	9.0
Infants < 1 year old	13,630	29.7	0.0	68.9	0.0	1.4
Children 1 to 22 years old	30,000	19.0	0.0	41.0	40.0	0.0
Children with Special Healthcare Needs	2,744	47.0	2.0	47.0	4.0	0.0
Others	55,000	19.0	0.0	46.0	35.0	0.0
TOTAL	103,174					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2010

Field Note:

The Data Integrity Enhancement Initiative that SMS embarked on in 2007 continues to refine our database. This has allowed SMS to more confidently report unduplicated numbers of individuals actually served. Even though numbers initially appear to have decreased from the previous year - this is primarily the result of purging individuals who have "aged out" of services or not updated their applications.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NH

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,379	11,058	183	17	417	10	121	573
Title V Served	1,800	1,450	38	0	48	0	0	264
Eligible for Title XIX	3,834	3,400	98	12	49	2	48	225
INFANTS								
Total Infants in State	12,379	11,058	183	17	417	10	121	573
Title V Served	1,800	1,450	38	0	48	0	0	264
Eligible for Title XIX	3,834	3,400	98	12	49	2	48	225

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	11,730	500	149	130	8	134	0	228
Title V Served	1,650	100	50					100
Eligible for Title XIX	3,565	215	54	41	4	90	0	80
INFANTS								
Total Infants in State	11,730	500	149	130	8	134	0	228
Title V Served	1,650	100	50					100
Eligible for Title XIX	3,565	215	54	41	4	90	0	80

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2010

Field Note:

The MCH section used a new data system in 2008, and data is incomplete. All prenatal data, therefore, is estimated based on the information we have. For 2009 we will have complete and accurate data from the new system.

2. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2010

Field Note:

The MCH section used a new data system in 2008, and data is incomplete. All prenatal data, therefore, is estimated based on the information we have. For 2009 we will have complete and accurate data from the new system.

3. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

The MCH section used a new data system in 2008, and data is incomplete. All prenatal data, therefore, is estimated based on the information we have. For 2009 we will have complete and accurate data from the new system.

4. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2010

Field Note:

The MCH section used a new data system in 2008, and data is incomplete. All prenatal data, therefore, is estimated based on the information we have. For 2009 we will have complete and accurate data from the new system.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NH

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 852-3345</u>	<u>(800)852-3345</u>	<u>(800) 852-3345</u>	<u>(800) 852-3345</u>	<u>(800) 852-3345</u>
2. State MCH Toll-Free "Hotline" Name	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line
3. Name of Contact Person for State MCH "Hotline"	<u>Joanie Foss</u>	<u>Joanie Foss</u>	<u>Joanie Foss</u>	<u>Joanie Foss</u>	<u>Joanie Foss</u>
4. Contact Person's Telephone Number	<u>603-271-4537</u>	<u>603-271-4537</u>	<u>(603) 271-4537</u>	<u>(603) 271-4537</u>	<u>(603) 271-4537</u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>5,000</u>	<u>4,500</u>	<u>4,000</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NH

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800)852-3345 Ext. 4488</u>	<u>(800)852-3345 Ext.4488</u>	<u>(800)852-3345 Ext. 4488</u>	<u>(800)852-3345 Ext.4488</u>	<u>800) 852-3345 Ext. 4488</u>
2. State MCH Toll-Free "Hotline" Name	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line
3. Name of Contact Person for State MCH "Hotline"	<u>Margaret Bernard</u>	<u>Virginia Smith</u>	<u>Virginia Smith</u>	<u>Virginia Smith</u>	<u>Virginia Smith</u>
4. Contact Person's Telephone Number	<u>(603)271-4488</u>	<u>(603)271-4488</u>	<u>(603)271-4488</u>	<u>(603) 271-4488</u>	<u>(603) 271-4488</u>
5. Contact Person's Email	<u>mbernard@dhhs.state.nh</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,924</u>	<u>1,617</u>	<u>1,707</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: NH

1. State MCH Administration:
(max 2500 characters)

The Title V program is located in the NH Department of Health and Human Services. The Title V program is divided between the Maternal and Child Health Section (MCH) located within the Division of Public Health Services and the Special Medical Services Unit (SMS) located within the Division of Community Based Services. Guided by a Memorandum of Understanding, Administration of the Block Grant is assigned jointly to MCH for services to women, infants and children, and to SMS for children and youth with special health care needs. Together both components of the Title V program provide direct, enabling, population based, and infrastructure building services in the following areas: maternal and child health; children with special health care needs; family planning; childhood lead poisoning prevention; adolescent health; home visiting; health and safety in child care; injury prevention; early hearing detection and intervention; and newborn screening.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 2,002,939
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 6,733,801
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 870,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 9,606,740

9. Most significant providers receiving MCH funds:

New Hampshire's Community Health Centers
University of Massachusetts Newborn Screening Lab
Child Health Services

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,800
b. Infants < 1 year old	13,630
c. Children 1 to 22 years old	30,000
d. CSHCN	2,744
e. Others	55,000

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Through contacts with community agencies, MCH's, Prenatal, Family Planning, Child Health and Home Visiting Programs provide direct care and enabling services to women, families and children. Home Visiting New Hampshire provides education and support to pregnant women on Medicaid throughout their pregnancy and up to the infant's first birthday. Home visits are made by nurses, social workers, and paraprofessionals. Special emphasis is placed on smoking cessation, decreasing subsequent pregnancies, and maternal depression. Special Medical Services supports statewide systems that provide community-based care coordination, Neuromotor Specialty Clinics, and Child Development Specialty Clinics. SMS supports a network of nutrition, feeding & swallowing assessment/treatment services and psychology/psychiatry consultation. Special Medical Services works collaboratively with Partners in Health, a project providing family support in 11 communities serving families of children with chronic conditions, as well as with the 12 area agencies serving families with children with developmental disabilities.

b. Population-Based Services:
(max 2500 characters)

MCH prenatal outreach is ongoing. NH SIDS program materials are distributed at conferences, trainings, and health fairs. Child health personnel promote breastfeeding in SIDS risk reduction outreach efforts. MCH and SMS have jointly worked on workgroups of the new Autism Council and are coordinating efforts as part of a statewide Autism Plan. The Injury Prevention Program (IPP) provides information to the public and media on prevention of motor vehicle crash injuries and child passenger safety. MCH staff are active participants in promoting and utilizing the State Suicide Prevention Plan; participating on the NH Youth Suicide Prevention Advisory Assembly; and supporting community-based post-ventions after a visible suicide in a community. The IPP also continues to educate the public about firearm safety and coordinates the Buckle Up NH Coalition Week activities. The IPP supports domestic and sexual violence centers to facilitate programs on sexual and intimate partner violence. MCH provided financial support for the WIC Program's annual breastfeeding conference. MCH also distributed breastfeeding resources and information from the Breastfeeding Task Force and WIC staff to Title V-funded agencies. The Newborn Screening Program continues to provide education and technical assistance for hospitals and healthcare providers throughout the state to assure that every newborn is screened and receives appropriate follow-up, when indicated. The EHDl program assists hospitals to establish screening programs, through the provision of hospital guidelines, education, and technical assistance. A data tracking system is operational. Special Medical Services provides nutrition outreach education activities for children with diabetes and cystic fibrosis.

c. Infrastructure Building Services:
(max 2500 characters)

One of the most significant efforts of NH's Title V program is the support of a network of 13 community health centers throughout the state. Title V funds enable the community health centers to develop innovative plans and new relationships for integrating oral health and primary care as well as mental health care and primary care. Title V funds are often the "glue" that enable health centers to do outreach, build systems, and meet the unique needs of vulnerable populations that are not covered by fees for service for direct care. The NH SSDI project is leading efforts to provide increased data capacity for MCH. Projects include data linkages in the EHDl program, Newborn Screening Program and a web based prenatal data collection and linkage process. The Early Childhood Comprehensive Systems (ECCS) project has developed with partners throughout the state the ECCS Implementation Plan that focuses on infrastructure building across domains for unified early childhood services. As part of ECCS, Healthy Child Care New Hampshire trains and supports health consultants to work with child care programs to improve health and safety in childcare. MCH collaborates with CHIP program to improve outreach and enrollment of children in Healthy Kids. MCH is implementing an adolescent health strategic plan to identify gaps and meet the health needs of youth. SMS, in partnership,

financially supports continued planning of communities in response to infant mental health concerns. SMS participates as a state advisory representative on the Bureau of Behavioral Health's Mental Health Planning Advisory Council. SMS provides contracted support for the activities of the Center for Medical Home Improvement (Crotched Mountain). Through the activities of the Health Care Transition Project, consultation is offered to pediatric practices needing assistance with planning for youth and young adults. SMS works with the New Hampshire Pediatric Society and other collaborators to provide education and develop health transition services and this year has provided an Open Forum on Universal Developmental Screening. SMS also has worked closely with the Hood Center and their federal grants (MCHB funded) to provide consultation to 3 additional pediatric practices to support chronic care management for children with special health care needs and to improve specialty and primary care for children with Epilepsy.

12. The primary Title V Program contact person:

Name	Patricia Tilley
Title	MCH Administrator/ Title V Director
Address	29 Hazen Drive
City	Concord
State	NH
Zip	03301
Phone	603-271-4526
Fax	603-271-4519
Email	PTILLEY@DHHS.STATE.NH.US
Web	http://www.dhhs.state.nh.us/DHHS/MCH/default.htm

13. The children with special health care needs (CSHCN) contact person:

Name	Elizabeth Collins, RN-BC, MS
Title	SMS Administrator/ Title V CSHCN Director
Address	129 Pleasant Street
City	Concord
State	NH
Zip	03301
Phone	(603)271-8181
Fax	(603) 271-4902
Email	ecollins@dhhs.state.nh.us
Web	http://www.dhhs.state.nh.us/DHHS/SPECIALMEDSRVC

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NH

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	85	90	95	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	11	16	14	23	23
Denominator	11	16	14	23	23
Data Source					screening records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	54.9	54.9	55.9	55.9	61
Annual Indicator	54.9	54.9	54.9	60	60
Numerator					
Denominator					
Data Source					National Survey of CSHCN 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	60	60	63	63
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	55.9	55.9	56.9	56.9	50
Annual Indicator	55.5	55.5	55.5	49.6	49.6
Numerator					
Denominator					
Data Source					National Survey of CSHCN 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	54	54
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	61.9	61.9	62.9	62.9	68
Annual Indicator	61.9	61.9	61.9	67.3	67.3
Numerator					
Denominator					
Data Source					National Survey of CSHCN 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	67	67	67	70	70
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	78.4	78.4	79.4	79.4	86
Annual Indicator	78.4	78.4	78.4	85.8	85.8
Numerator					
Denominator					
Data Source					National Survey of CSHCN 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	86	86	86	89	89
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.8	5.9	5.9	52
Annual Indicator	5.8	5.8	5.8	51.6	51.6
Numerator					
Denominator					
Data Source					National Survey of CSHCN 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	52	52	52	55	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>87</u>	<u>87</u>	<u>82</u>
Annual Indicator	<u>83.9</u>	<u>86.3</u>	<u>82.5</u>	<u>76.3</u>	<u>84.6</u>
Numerator	<u>12,628</u>	<u>12,990</u>	<u>12,418</u>	<u>10,860</u>	<u>12,041</u>
Denominator	<u>15,052</u>	<u>15,052</u>	<u>15,052</u>	<u>14,233</u>	<u>14,233</u>
Data Source					CDC Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>85</u>	<u>86</u>	<u>87</u>	<u>88</u>	<u>89</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator was obtained by using the most recent CDC National Immunization Survey rate for NH (Qtr 3/2007-Qtr 2/2008), available from the NH Immunization Program, and applying it to the denominator. The denominator is two year olds in NH in 2007, from the US Bureau of the Census Estimates Branch.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator was obtained by using the most recent CDC National Immunization Survey rate for NH (revised February, 2008 estimates), available from the NH Immunization Program, and applying it to the denominator. The denominator is two year olds in NH in 2007, from the US Bureau of the Census Estimates Branch.

2007 data was corrected in the spring of 2009.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator was obtained by using the most recent CDC National Immunization Survey rate for NH, available from the NH Immunization Program, and applying it to the denominator. The denominator is two year olds in NH from the 2000 census.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	12	10	6.9	6.9	7.3
Annual Indicator	7.4	6.9	7.2	7.4	7.3
Numerator		195	205	203	201
Denominator		28,128	28,653	27,473	27,473
Data Source					Birth data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.2	7.1	7	6.9	6.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Birth data is resident occurrent births only, i.e. out-of-state data is not available.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Birth data is resident occurrent births only, i.e. out-of-state data is not available.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Birth data is resident occurrent births only, i.e. out-of-state data is not available.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	46	42.4	42.4	42.4	42.4
Annual Indicator	42.4	42.4	42.4	42.4	42.4
Numerator	249	249	249	249	249
Denominator	587	587	587	587	587
Data Source					3rd grade survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	44	44	44	44	44
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every five years through the Oral Health Survey of Third Grade Children. The next data from the survey will not be available until the fall of 2009.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every five years through the Oral Health Survey of Third Grade Children. The next data from the survey will not be available until the spring of 2010.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every three years through the Oral Health Survey of Third Grade Children. The next data from the survey will not be available until the spring of 2009.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	36	36	60	60	80
Annual Indicator	60.7	0			
Numerator					
Denominator					
Data Source					Vital Records
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

PLEASE SEE THE LAST NOTE BELOW. THE STANDARD RATIO METHODOLOGY HAS NOT BEEN USED AFTER DISCUSSIONS WITH THE FEDERAL REVIEW TEAM IN AUGUST OF 2009.

The Standard Ratio Methodology as described in the block grant guidance (OMB No: 0915-0172, pp. 213-216) is used to calculate this indicator. The guidance calls for using this approach when three-year averaging results in fewer than 20 events, but greater than 4 events. The guidelines also call for using a "consistent approach" from year to year. The use of this methodology has been further confirmed as appropriate to use in NH after conversations with Chris Dykton of the HRSA.GOV Call Center (and SAIC.com) and with Ellen Volpe of HRSA, most recently in June of 2009. The question of what to do when, in a given year, the 3-year average varies and is 4 or less was also asked; and NH was advised to continue using this approach consistently. The approach has been used by NH since 2001. The methodology poses issues for anyone comparing data to other states or national averages, since numbers that appear for some measures or indicators look very odd in comparison.

Re the Standard Ratio Methodology as it applies to this measure: Essentially, 33.1 means that the 1 event that occurred in NH is 33.1% of what one would expect, given the US rate. Please note that this calculation was done using the 2006 US rate, because it was the most recent year available.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Calendar year 2008 vital records death data is provisional, due to the fact that out-of-state data is incomplete.

Raw data is as follows:

NH numerator: 1

NH denominator: 239,613

US Rate per 100,000; 2006: 1.26

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

PLEASE NOTE !

At the annual federal review in Boston in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Therefore, we have retrospectively removed the 2008 Standard Ratio result from the indicator and have "checked" the small numbers box. Note: the small numbers box is used when "there are fewer than 5 events AND when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Calendar year 2007 vital records death data is provisional, due to the fact that out-of-state data is incomplete.

Raw data is as follows:

NH numerator: 3
NH denominator: 241,716
US Rate per 100,000; 2005: 1.39

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

At the annual federal review in Boston in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Therefore, we have retrospectively removed the 2007 Standard Ratio result from the indicator and have "checked" the small numbers box. Note: the small numbers box is used when "there are fewer than 5 events AND when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

3. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Calendar year 2006 vital records death data is provisional, due to the fact that out-of-state data is incomplete. At the time of the 2009 grant submission, there were no deaths.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			45	45	50
Annual Indicator		45.9	43.8	48.7	46.8
Numerator					
Denominator					
Data Source					CDC report card

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	49	50	51	52	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data is from the CDC Breast Feeding Report Card, 2008: Outcome Indicators (www.cdc.gov). A numerator and denominator are not available.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data is from the CDC Breast Feeding Report Card, 2007: Outcome Indicators (www.cdc.gov). A numerator and denominator are not available.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from the CDC National Immunization Survey, 2005 (www.cdc.gov). A numerator and denominator are not available.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	85	96	97	98	99
Annual Indicator	96.0	96.1	97.2	98.2	97.4
Numerator	13,500	13,422	13,673	13,683	13,279
Denominator	14,062	13,968	14,069	13,937	13,629
Data Source					screening records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	98	98.5	99	99.5	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator is actual number of infants screened. Denominator is number of occurrent births.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator is actual number of infants screened. Denominator is number of occurrent births.

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator is actual number of infants screened. Denominator is number of occurrent births.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6.5	5.5	5.5	5.5
Annual Indicator	5.1	6.0	6.0	6.0	4.3
Numerator	15,891	18,667	19,402	19,402	12,921
Denominator	309,496	311,117	323,309	323,309	298,439
Data Source					2007 Nat'l Survey of Children's Health
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	4	3.7	3.4	3	2.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is taken from the 2007 National Survey of Children's Health, a project of the Child and Adolescent Health Measurement Initiative.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data was obtained from the March, 2007 report, "Whose Kids are Covered, A State-by-State Look at Uninsured Children" prepared for the Robert Wood Johnson Foundation. The data comes from page 4, table 3 of the report, "Number and Percent of Children (0-18) With and Without Health Insurance Coverage in the United States, by State: Three-Year Average 2003-2005". According to the "Kids Count New Hampshire Data Book, 2008", the uninsured rate continues to be 6% (data obtained from Census estimates). Kids Count New Hampshire is based at the Children's Alliance of NH.

The Kaiser Family Foundation Website (statehealthfacts.org) show 7% for NH. Their uninsured estimates are based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

The Behavioral Risk Factor Surveillance Survey conducted in NH in 2005-2006 may be releasing information they have gathered in the near future, regarding the percentage of children uninsured in NH. When this data is released, it will be reviewed to see how it compares with the census estimates.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data was obtained from the March, 2007 report, "Whose Kids are Covered, A State-by-State Look at Uninsured Children" prepared for the Robert Wood Johnson Foundation. The data comes from page 4, table 3 of the report, "Number and Percent of Children (0-18) With and Without Health Insurance Coverage in the United States, by State: Three-Year Average 2003-2005".

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			35	35	33
Annual Indicator		35.0	34.0	33.6	32.5
Numerator		2,274	2,381	2,437	2,691
Denominator		6,496	7,003	7,254	8,286
Data Source					NH WIC program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	32	31	30	29	28
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Data is from Lisa Richards, NH WIC program, from CDC Pediatric Nutrition Surveillance System.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Data is from Lisa Richards, NH WIC program, from CDC Pediatric Nutrition Surveillance System.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data was not available for the 2008 application, and was provided during preparation of the 2009 application.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			12	12	13
Annual Indicator		12.3	12.7	13.3	12.5
Numerator		1,511	1,599	1,681	1,538
Denominator		12,246	12,605	12,621	12,309
Data Source					Birth Certificate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	12	11.5	11	10.5	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data does not include out-of-state births, as it is not available.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data does not include out-of-state births, as they are not available.

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Resident occurrent births, as data for out-of-state births are not available.

In preparation for the 2009 application, the denominator was changed from 12788 to 12605, thus changing the indicator from 12.5 to 12.7. This was done to correct the mistaken inclusion of 183 "unknowns".

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	138	138	130	102	30
Annual Indicator	103	63.7			
Numerator					
Denominator					
Data Source					Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

PLEASE SEE THE LAST NOTE BELOW ! STANDARD RATIO METHODOLOGY NO LONGER APPLIES

The Standard Ratio Methodology as described in the block grant guidance (OMB No: 0915-0172, pp. 213-216) is used to calculate this indicator. The guidance calls for using this approach when three-year averaging results in fewer than 20 events, but greater than 4 events. The guidelines also call for using a "consistent approach" from year to year. The use of this methodology has been further confirmed as appropriate to use in NH after conversations with Chris Dykton of the HRSA.GOV Call Center (and SAIC.com) and with Ellen Volpe of HRSA, most recently in June of 2009. The question of what to do when, in a given year, the 3-year average varies and is 4 or less was also asked; and NH was advised to continue using this approach consistently. The approach has been used by NH since 2001. The methodology poses issues for anyone comparing data to other states or national averages, since numbers that appear for some measures or indicators look very odd in comparison.

Re the Standard Ratio Methodology as it applies to this measure: Essentially, 68.8 means that the 5 events that occurred in NH is 68.8% of what one would expect, given the US rate. Please note that this calculation was done using the 2006 US rate, because it was the most recent year available.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Raw 2008 *provisional* (incomplete) data is as follows:

NH numerator: 5

NH denominator: 99421

US Rate per 100,000 in *2006*: 7.31

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

PLEASE NOTE !

At the annual federal review in Boston in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Therefore, we have retrospectively removed the 2008 Standard Ratio result from the indicator and have "checked" the small numbers box. Note: the small numbers box is used when "there are fewer than 5 events AND when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

2. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Raw 2007 *provisional* (incomplete) data is as follows:

NH numerator: 3

NH denominator: 98207

US Rate per 100,000 in *2005*: 8.2

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

The Standard Ratio methodology as described in the block grant guidance is used to calculate the indicator. Essentially, 37.2 means that 3 events in NH is 37.2% of what one would expect, given the US rate per 100,000. Please note that the US Rate for *2005* was used in this calculation, as it was the most recent available.

PLEASE NOTE !

At the annual federal review in Boston in August of 2009, it was decided that it would be more appropriate for NH to use the small numbers box than to use the Standard Ratio Methodology as outlined in the Block Grant guidance. Therefore, we have retrospectively removed the 2007 Standard Ratio result from the indicator and have "checked" the small numbers box. Note: the small numbers box is used when "there are fewer than 5 events AND when the average number of events over the last 3 years is fewer than 5, and therefore a 3-year moving average cannot be applied".

3. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Raw 2006 *provisional* (incomplete) data is as follows:

NH numerator: 1

NH denominator: 96995

US Rate per 100,000 in *2005*: 8.2

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

The Standard Ratio methodology as described in the block grant guidance is used to calculate the indicator. Essentially, 12.6 means that 1 event in NH is 12.6% of what one would expect, given the US rate per 100,000. Please note that the US Rate for *2005* was used in this calculation, as it was the most recent available.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	86	80	80	86	79
Annual Indicator	80	78.7	85.3	78.0	87.5
Numerator		107	110	92	91
Denominator		136	129	118	104

Data Source

Birth Certificate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	89	90	91	92	93
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is for resident occurrent births. Out-of-state data is not available for 2008.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is for resident occurrent births. Out-of-state data is not available for 2007.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is for resident occurrent births. Out-of-state data is not available for 2006.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	88	90	85	82	83
Annual Indicator	91	83.4	81.5	82.0	83.5
Numerator		9,251	8,980	9,233	8,975
Denominator		11,095	11,015	11,263	10,747
Data Source					Birth Certificate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	84	85	86	87	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

1632 birth records did not have information for this measure, and were not included in the denominator.

Out-of-state birth data is not available.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is no longer explicitly collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began, by subtracting the date of the last menses.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

1425 birth records did not have information for this measure, and were not included in the denominator.

Out-of-state birth data is not available.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is no longer explicitly collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began, by subtracting the date of the last menses.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

1773 birth records did not have information for this measure, and were not included in the denominator.

Out-of-state birth data is not available.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is no longer explicitly collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began, by subtracting the date of the last menses.

STATE PERFORMANCE MEASURE # 1

Percent of data linkage projects completed

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	60	80
Annual Indicator			60.0	80.0	80.0
Numerator			3	4	4
Denominator			5	5	5
Data Source					MCH Data Team
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

The Medicaid program has recently issued a contract to do linkage with the birth certificate.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

The infant birth, and Maternal and Child Health Section prenatal care link was achieved in CY 2007.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Early hearing detection, infant birth and death, and newborn screening were completed.

STATE PERFORMANCE MEASURE # 3

Percent of children age two (24-35 months) on Medicaid who have been tested for lead.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	27	27	28	34
Annual Indicator	27.2	31.7	27.4	33.8	32.6
Numerator	1,263	1,507	1,316	1,618	1,646
Denominator	4,646	4,751	4,801	4,780	5,042
Data Source					Child Lead Prog.
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	35	36	37	38	39
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Calendar year 2008 data from Megan Tehan, Childhood Lead Prevention Program.

2. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Calendar year 2007 data from Megan Tehan, CLPPP.

3. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data came from Medicaid enrollment records matched to blood lead screening/testing data for the calendar year. Reports from Medicaid, including all children under 6 enrolled in Medicaid, are run quarterly for the state lead program. The quarterly reports are combined, and duplicates are eliminated.

STATE PERFORMANCE MEASURE # 4

Percent of third grade children screened who had untreated dental decay.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	22	24.2	22	24	24.2
Annual Indicator	24.2	24.2	24.2	24.2	24.2
Numerator	142	142	142	142	142
Denominator	587	587	587	587	587
Data Source					3rd grade survey
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	22	22	22	22	22
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every five years through the Oral Health Survey of Third Grade Children. The next data from the survey will not be available until the fall of 2009.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every five years through the Oral Health Survey of Third Grade Children. The next data from the survey will not be available until the spring of 2010.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Statewide oral health data for NPM #9 and SPM #4 is generally collected every three years through the Oral Health Survey of Third Grade Children. The next data from the survey will not be available until the spring of 2009.

STATE PERFORMANCE MEASURE # 5

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>2,500</u>	<u>2,500</u>	<u>2,300</u>	<u>2,300</u>	<u>2,200</u>
Annual Indicator	<u>2,705.5</u>	<u>2,207.6</u>	<u>1,807.3</u>	<u>1,807.3</u>	<u>1,807.3</u>
Numerator	<u>2,549</u>	<u>2,114</u>	<u>1,753</u>	<u>1,753</u>	<u>1,753</u>
Denominator	<u>94,214</u>	<u>95,761</u>	<u>96,995</u>	<u>96,995</u>	<u>96,995</u>
Data Source					Vital Records
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>2,100</u>	<u>2,000</u>	<u>1,900</u>	<u>1,800</u>	<u>1,700</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional data for 2008 is not available. Therefore, the latest provisional data, from 2006, is used as the indicator.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional data for 2007 is not available. Therefore, the latest provisional data, from 2006, is used as the indicator for 2007.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is provisional due to the incompleteness of out-of-state data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

STATE PERFORMANCE MEASURE # 6

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	35	35	40	42	45
Annual Indicator	40.6	41.5	41.4	43.5	45.2
Numerator	11,474	12,127	12,976	13,739	14,495
Denominator	28,246	29,205	31,352	31,579	32,069
Data Source					416 EPSDT report
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	46	47	48	49	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2008
Field Note:
 From FY2008 416 report via Maria Pliakos (ext 7194) and Jackie Leone.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2007
Field Note:
 From FY2007 416 report via Maria Pliakos (ext 7194) and Jackie Leone.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2006
Field Note:
 From FY2006 416 report via Denise Towle (ext 7194) and Jackie Leone.

STATE PERFORMANCE MEASURE # 7

Percent of center-based child care facilities in the MCH catchment area and serving children under age 2, that are visited at least once a month by a child care health consultant

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			5	5	4
Annual Indicator			0.0	1.8	14.3
Numerator			0	1	5
Denominator			43	55	35
Data Source					Survey
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	16	20	25	35	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

This year's catchment area was more limited in size than the previous year, thus the decrease in the number of facilities surveyed. Despite this decrease, the number of on-site visits to child care facilities by a child care health consultant increased.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Although most centers did not have a monthly on-site visit by a child care health consultant, many child care centers did have at least one on-site visit in the year 2007.

Number of centers surveyed: 55

Number of on-site visits by a child care health consultant to centers: 67

Number of children in attendance at the centers on an average day: 813

The survey was conducted by telephone. In addition to the collection of more accurate data by phone, this had the advantage of personalized marketing of the child care health consultation network. Follow-up thank you letters will be sent to the providers, with specific health and safety information that they requested during the survey; they will also be sent contact information for their child health care health consultant.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

NH's performance measure is consistent with Caring for Our Children, The National Health and Safety Performance Standards Guidelines for Out of Home Child Care Programs. Although 5 of the cohort of 43 child care centers had received at least one on site CCHC consultation, none had received a visit in each month of 2006.

STATE PERFORMANCE MEASURE # 9

[REVISED]:The percent of CSHCN who are at risk for/are overweight or obese

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			25	25	8
Annual Indicator					
Numerator			14	13	25
Denominator			164	143	243
Data Source					SMS clinic reports
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

This reflects those children with a BMI of 95% or greater. If the population of children with a BMI of 85-95% (identified by the CDC as "at risk for overweight") is included, the percentage more than doubles from 10.29% to 17.70%. The numbers represent solely a select population of children who are being served by the Neuromotor Clinic Program.

- Section Number:** Form11_State Performance Measure #9

Field Name: SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

This reflects those children with a BMI of 95% or greater. If the population of children with a BMI of 85-95% (identified by the CDC as "at risk for overweight") is included, the percentage more than doubles from 8.54% to 18.9%. This is the first year of data collection for this measure. The numbers represent solely a select population of children who are being served by the Neuromotor Clinic Program. Next year's data is expected to include a larger population of children with Neuromotor conditions and those with a diagnosis of Spina Bifida.

STATE PERFORMANCE MEASURE # 10

[REVISED]: The percent of respite/childcare providers, serving medically and behaviorally complex children, who have participated in competence-based training.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			0	20	20
Annual Indicator					
Numerator			0	0	7
Denominator			1	1	9
Data Source					College of Direct Support training records
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

In response to ongoing development of this measure the detail sheet has been edited to more accurately reflect the goal. For reporting purposes the numbers identified reflect the total number of providers from Crotched Mountain Rehabilitation Center who have participated in the recommended training (College of Direct Support) and what percentage work with medically and behaviorally complex children.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

The indicator for this measure is zero based on the fact that the competency based training program is still in active development.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: NH

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	<u>4</u>	<u>4</u>	<u>4</u>	<u>5.5</u>	<u>4</u>
Annual Indicator	<u>5.6</u>	<u>4.5</u>	<u></u>	<u></u>	<u></u>
Numerator	<u>81</u>	<u>65</u>	<u></u>	<u></u>	<u></u>
Denominator	<u>14,565</u>	<u>14,399</u>	<u></u>	<u></u>	<u></u>

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u></u>

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective				1.1	1.1
Annual Indicator	1.1	1.1	1.1		
Numerator	4.3				
Denominator	3.9				

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.1	1.1	1.1	1.1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

2003 is the last year for which death data is available by race. This data is used as estimates for 2004, 2005, and 2006.

The black infant rate, and the ratio of the black rate to the white infant rate, should be used with caution, given that in NH there are generally very few black infant deaths. In fact, in many years there are none.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	4	4.5	4.5
Annual Indicator	4.5	4.5	4.5		
Numerator	65				
Denominator	14,565				

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	4.5	4.5	4.5		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2006

Field Note:

2004 death data is the most recent that is available. This data has been used as an estimate for 2005 and 2006.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.4	1	1
Annual Indicator	1.1	1.1	1.1		
Numerator	16				
Denominator	14,565				

Data Source

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

2004 death data is the most recent available. It has been used as an estimate for 2005 and 2006.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	7.5	7.5	6.5	6.5
Annual Indicator	6.5	6.5			
Numerator					
Denominator					
Data Source					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6.5	6.5	6.5		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

2005 and 2006 death data is unavailable. For 2004, fetal death data is not available for the last three months. The 2003 indicator has been used as an estimate for those years.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	17	17	14	16	31
Annual Indicator	16.2	33.6	34.6	33.8	24.8
Numerator	38	78	80	77	56
Denominator	234,475	232,436	231,033	227,546	225,951

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	30	29	28	27	26

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

2007 and 2008 death data is provisional and subject to change, due to the incompleteness of data on deaths that occurred out of state.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

2006 and 2007 death data is provisional and subject to change, due to the incompleteness of data on deaths that occurred out of state.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

2006 and 2007 death data is provisional and subject to change, due to the incompleteness of data on deaths that occurred out of state.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NH

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Ratings were calculated solely from direct survey results of the staff of NH Family Voices.

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main

Field Name: Question4

Row Name: #4. Family members are involved in service training of CSHCN staff and providers.

Column Name:

Year: 2010

Field Note:

This training has typically taken place in the context of new hires and in this last year there have been no new hires. SMS will explore the implementation or staff development training as well.

2. **Section Number:** Form13_Main

Field Name: Question6

Row Name: #6. Family members of diverse cultures are involved in all of the above activities

Column Name:

Year: 2010

Field Note:

The comment from Family Voices paid staff was "Efforts to engage representation of diverse cultures is evident. NH numbers are low in this arena."

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NH FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To improve the Title V program's ability to impact the health of MCH populations through data collection and analysis, identifying disparities, examining barriers to care, and researching and implementing best practice models
2. To assure safe and healthy pregnancies for all women, especially vulnerable populations
3. To assure safe and healthy environments for MCH populations, including those with special health care needs
4. To decrease dental disease in MCH populations
5. To decrease unintentional injuries among children and adolescents, including those with special health care needs
6. To promote healthy behaviors and access to health care services for adolescents, including those with special health care needs
7. To preserve effective public health programming, including an infrastructure of safety net providers, to address the needs of MCH populations
8. To improve access to mental health services for children, including those with special health care needs, and their families
9. To decrease the prevalence of childhood obesity
10. To increase the availability of respite and child care for medically and behaviorally complex children with special health care needs

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NH

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>5</u>	Technical assistance to facilitate Special Medical Services' completion of strategic planning to include the review of: care coordination, clinic services, program design, needs assessment, cultural & linguistic competence and public awareness	SMS has significantly changed the direction of its services but formal reflection and strategic planning has not taken place. SMS needs to develop a vision and mission statement and a planned approach to meet the needs of CSHCN in NH	Dr. Debra Allen, MCH Director/ City of Boston
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>16</u>	TA would consist of a one-day training for professionals on new media, getting health messages out and gathering data. A portion of the day would be spent on discussing the integration of suicide reporting guidelines into new media.	The way that suicide is reported can have negative behavioral effects, particularly on adolescents. Reporting guidelines were developed. However, media is developing at a fast pace and professionals are having a hard time integrating the guidelines.	Better World Advertising (www.socialmarketing.com) is a social marketing firm that has worked on many public health campaigns utilizing new media including one on restricting access to lethal means with the Harvard Injury Control Center.
3.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Consultation for coordinating focus groups on disparities and CSHCN	SMS has seen a significant increase in "minority" populations accessing services. However, a formal evaluation of needs is required to incorporate cultural and linguistically appropriate components into provided services	National Center for Cultural Competence, Georgetown University.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NH

SP # 1

PERFORMANCE MEASURE:

Percent of data linkage projects completed

STATUS:

Active

GOAL

To link MCH and Vital Records data to improve analytical opportunities.

DEFINITION

See numerator and denominator below. Linkages projected for the future are: births and infant deaths, births and prenatal care, births and infant hearing screening, births and newborn metabolic screening, and Medicaid and births with regard to prenatal care.

Numerator:

Number of linkage projects completed

Denominator:

Total number of linkage projects planned (5)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Sources are: MCH program data (including data from prenatal program, newborn metabolic screening program, and newborn hearing screening program), as well as medicaid data and vital records data (both births and infant deaths). Access to vital records is particularly difficult at this time, due to the transfer of this department from public health to the Secretary of State's office. We wish to link the following: - births and fetal deaths - prenatal program data and births - early hearing screening data and births - newborn metabolic screening data and births - Medicaid and birth data related to prenatal care

SIGNIFICANCE

Linking MCH-related data sets has been shown to expand analytic opportunities and lead to improved information generation. We wish to increase our ability to evaluate programs and identify needs, to decrease the reporting burden on MCH-funded agencies by reducing redundant data collection, and improve data accuracy.

SP # 3

PERFORMANCE MEASURE:

Percent of children age two (24-35 months) on Medicaid who have been tested for lead.

STATUS:

Active

GOAL

To reduce the morbidity associated with lead poisoning through early detection.

DEFINITION

Numerator:

The number of children age two (24-35 months) in the state who are enrolled on Medicaid and have been tested for lead at least once during the year.

Denominator:

The number of children age two who are enrolled on Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Lead testing figure is from the NH Childhood Lead Poisoning Prevention Program; Medicaid figure is from the NH Medicaid Administration Bureau via the NH Childhood Lead Poisoning Prevention Program.

SIGNIFICANCE

Lead poisoning is one of the most common and preventable childhood environmental health problems in the U.S. Studies have shown associations between decreased intelligence, impaired neurobehavioral development, decreased hearing acuity and growth inhibition with lead levels as low as 10-15 micrograms per deciliter. Low-income children, especially those living in the inner city, are at an increased risk for lead poisoning. Ages one and two years are the recommended targeted times for testing at-risk children for lead exposure. In NH, the Childhood Lead Poisoning Prevention Protocols recommend that all one and two year olds enrolled on Medicaid be tested for lead. A recent national study showed that the testing rate of children on Medicaid, especially two year olds, is significantly lower than expected. In NH, the lead testing rates for all two year olds is approximately half the rate for one year olds.

SP # 4

PERFORMANCE MEASURE:

Percent of third grade children screened who had untreated dental decay.

STATUS:

Active

GOAL

To reduce the proportion of children with untreated dental decay.

DEFINITION

See numerator and denominator below

Numerator:

Number of third grade children screened who had untreated dental decay.

Denominator:

Number of third grade children screened.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State wide Third Grade Oral Health Survey. This is a random sample survey of all third grade students in the state, developed by the Association of State and Territorial Dental Directors. This survey will be done every 3 years and the first one was done in 2001.

SIGNIFICANCE

As stated in the Surgeon General's report on Oral Health in America, dental decay is the single most common childhood disease. Results of screening 2nd and 3rd graders in 9 school-based programs in NH revealed that 23% of children were suffering from untreated dental decay. Developing programs and policies, in order to reduce the burden of this disease on children, is of prime significance.

SP # <u>5</u>	
PERFORMANCE MEASURE:	The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash
STATUS:	Active
GOAL	To reduce injuries among adolescents, aged 15-19, associated with being an occupant in a motor vehicle crash.
DEFINITION	<p>see numerator and denominator below</p> <p>Numerator: Number of adolescents age 15-19 seen in an emergency department as a result of injuries associated with being an occupant in a motor vehicle crash.</p> <p>Denominator: Number of adolescents ages 15-19</p> <p>Units: 100000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	NH Bureau of Health Statistics and Data Management
SIGNIFICANCE	Motor vehicle crashes are a leading cause of death and injuries among adolescents. Previously we had a state measure (#3, now inactive) which addressed fatalities only. However, due to the small number of fatalities annually in NH among this population (usually less than 10/year), it was not appropriate to use fatalities in setting annual performance measures. This new objective has two benefits: first, it will capture a more significant aspect of the adverse health outcomes among adolescents resulting from motor vehicles crashes; and it will allow us to analyze and report annual population-based incidence rates.

SP # 6

PERFORMANCE MEASURE:

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

STATUS:

Active

GOAL

To ensure Medicaid-eligible adolescents receive preventive health care services

DEFINITION

see numerator and denominator below

Numerator:

Total eligibles receiving at least one initial or periodic EPSDT screen

Denominator:

Total eligibles who should receive at least one initial or periodic EPSDT screen ("should" based on the state's periodicity schedule)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-9: Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, u

14-27: Increase routine vaccination coverage levels for adolescents

DATA SOURCES AND DATA ISSUES

The data source is the State-Contracted Managed Care Organization Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form HCFA-416). Guidelines for collecting data for this measure are in lines 8 and 9 of the report. Medicaid-eligible individuals under the age of 21 are considered eligible for EPSDT services, regardless of whether they have been informed about the availability of EPSDT services or whether they accept EPSDT services at the time of informing.

SIGNIFICANCE

Insured adolescents are more likely to receive health care but insurance does not guarantee that adequate services are provided. Most adolescent morbidities are preventable and amenable to change with comprehensive screening services increasing the likelihood that problems are addressed early and often.

SP # 7

PERFORMANCE MEASURE:

Percent of center-based child care facilities in the MCH catchment area and serving children under age 2, that are visited at least once a month by a child care health consultant

STATUS:

Active

GOAL

To increase health and safety in child care

DEFINITION

Percent of center-based child care facilities serving any child under 2 years of age, that are visited at least once a month by a child care health consultant within the catchment area of the MCH Child Care Health Consultant (CCHC) contract

Numerator:

The number of center-based child care facilities receiving an on-site visit at least once per month by a child care health consultant

Denominator:

The number of center-based child care facilities in the MCH CCHC catchment area serving any child under 2 years of age

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 15-13: Reduce deaths caused by unintentional injuries

DATA SOURCES AND DATA ISSUES

Child Care Licensing Bureau, child care health consultation contract reports. Only regional data will be collected through the contract reports.

SIGNIFICANCE

A child care health consultant, working together with child care providers, can help achieve the goal of providing a safe, healthy, and developmentally appropriate environment for young children.

SP # 9

PERFORMANCE MEASURE:

[REVISED]:The percent of CSHCN who are at risk for/are overweight or obese

STATUS:

Active

GOAL

To increase the number of CSHCN, with impaired mobility, who receive individualized education regarding proper nutrition and safe physical activity.

DEFINITION

The percent of CSHCN who are at a risk for/are overweight or obese (as determined by diagnosis and/or BMI criteria as established by the CDC).

Numerator:

Number of CSHCN served by the SMS Neuromotor clinic/DHMC spina bifida clinic with a medical diagnosis of being at risk for or being overweight/obese, or who meet the CDC BMI criteria (>95th percentile).

Denominator:

Number of CSHCN served by the SMS Neuromotor clinic/DHMC spina bifida clinic.

Units: No **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

19-3 Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

Diagnoses from caseload lists, SMS database information, Nutrition, Feeding & Swallowing service notes.

SIGNIFICANCE

The percentage of children and adolescents in the state who are obese or overweight is higher than the national average and appears to be increasing; however, there is no substantive information regarding the CSHCN population. The most common source of data is the NHANES survey. According to the NHANES 1999-2002 the population of children with "limitations" who are at-risk-for overweight is 50.9% and who are overweight is 29.7%. However this study excluded children who were unable to weight bear and stand. Therefore, the indication is that CSHCN have significant numbers related to overweight and obesity issues but the population with impaired mobility are not clearly represented. This is important because the impact of overweight and obesity on the functional status of CSHCN who have mobility impairment is critical to their development of skills for independent living.

SP # 10

PERFORMANCE MEASURE:

[REVISED]: The percent of respite/childcare providers, serving medically and behaviorally complex children, who have participated in competence-based training.

STATUS:

Active

GOAL

To develop/implement a respite care training curriculum and competencies that identify core information basic to the broad needs of medically and behaviorally complex children.

DEFINITION

The percent of respite/childcare providers who have participated in competence-based training, who serve medically and behaviorally complex children.

Numerator:

Number of respite/childcare providers who have participated in competence-based training that serve medically and behaviorally complex children.

Denominator:

Number of respite/care providers who have participated in competency based training.

Units: No **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

N/A

DATA SOURCES AND DATA ISSUES

State Title V program checklists, surveys of stakeholder programs, program registration/attendance records.

SIGNIFICANCE

There is an identified lack of respite and child care available, by a trained work force, for medically and behaviorally complex children with special health care needs. The National Survey of CSHCN results for NH indicate that 37% (n=1,936) of the children that needed respite services, did not receive such services. The group reporting the need for respite constituted approximately 8% of New Hampshire CSHCN.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NH

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	12.9	14.7	17.2	17.1	15.5
Numerator	98	107	125	126	114
Denominator	75,685	72,789	72,789	73,500	73,548

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Data is from the NH Asthma Control Program and is from New Hampshire Inpatient Hospital Discharge Data for 2006. The number does include the number of NH residents hospitalized in border states (ME, MA & VT). For the Denominator Health Statistics created a population table based on US Census and OEP estimates. Here is the citation for this table: Health Statistics and Data Management Section (HSDM), Bureau of Disease Control and Health Statistics (BDCHS), Division of Public Health Services (DPHS), New Hampshire Department of Health and Human Services (DHHS). Population data is based on US Census data apportioned to towns using New Hampshire Office of Economic Planning (OEP) estimates and projections, and further apportioned to age groups and gender using Claritas Corporation estimates and projections to the town, age group, and gender levels. Data adds to US Census data at the county level between 1990 and 2005 but does not add to OEP or Claritas data smaller geographic levels.

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data is from the NH Asthma Control Program and is from New Hampshire Inpatient Hospital Discharge Data for 2005. It does capture the number of NH residents hospitalized in border states.

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from the NH Asthma Control Program and is based on the cleaned and final data from Calendar Year 2004. The Census data is from the U.S. Census 2004 estimates (which are based on adjusted 2000 Census numbers).

It is different from last year's numbers as it does capture the number of NH residents hospitalized in border states. In addition the NH Asthma Control Program reports this rate to 16.8. The difference is that they utilize age adjusted rates. This allows for a more meaningful analysis when comparing data between state or when looking at trends within a single state.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>83.7</u>	<u>83.4</u>	<u>84.9</u>	<u>86.1</u>	<u>84.9</u>
Numerator	<u>4,415</u>	<u>4,430</u>	<u>4,776</u>	<u>4,929</u>	<u>4,983</u>
Denominator	<u>5,272</u>	<u>5,312</u>	<u>5,628</u>	<u>5,722</u>	<u>5,869</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Data is from the 2008 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Data is from the 2007 416 report, via Maria Pliakos (ext. 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from the FY2006 416 report, via Denise Towle (ext 7194) and Jackie Leone (ext 8169) in the Office of Medicaid Administration. This report was slightly revised for FY2006, and - retroactively - for 2004 and 2005. The revision made the numerator and denominator for this indicator much more clear and explicit (and therefore the data we used for the FY08 application is much more accurate than what we have used in the past). We have used this more accurate data for the FY06 indicator, and have also revised the indicators for FY04 and FY05 - i.e., using the new and more accurate data.

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI #2 and #3 are the same.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>83.7</u>	<u>83.4</u>	<u>84.9</u>	<u>86.1</u>	<u>84.9</u>
Numerator	<u>4,415</u>	<u>4,430</u>	<u>4,776</u>	<u>4,929</u>	<u>4,983</u>
Denominator	<u>5,272</u>	<u>5,312</u>	<u>5,628</u>	<u>5,722</u>	<u>5,869</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI # 2 and HSCI # 3 are the same.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI #2 and #3 are the same.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>90.7</u>	<u>81.7</u>	<u>84.0</u>	<u>85.8</u>	<u>86.0</u>
Numerator	<u></u>	<u>8,841</u>	<u>9,087</u>	<u>9,509</u>	<u>9,107</u>
Denominator	<u></u>	<u>10,819</u>	<u>10,823</u>	<u>11,079</u>	<u>10,593</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2008**Field Note:**

1755 birth records did not have information needed to do the necessary computations. These records were therefore not included in the denominator.

Data does not include out-of-state births (unavailable), includes multiple births, and is only for women 15-44.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is not collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began by subtracting the date of the last menses. Moreover, this indicator is likely skewed downward for 2005-2007, for the following reason: out-of-state births to NH residents typically have an appropriately high score on the Kotelchuck Index. This is because complicated pregnancies, resulting in high prenatal care usage (i.e. many visits) tend to go to specialty centers outside of NH. In other words, it is reasonable to assume that, if the the out-of-state births were included in the data, the indicator for Kotelchuck would be higher.

2. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2007**Field Note:**

1574 birth records did not have information needed to do the necessary computations. These records were therefore not included in the denominator.

Data does not include out-of-state births (unavailable), includes multiple births, and is only for women 15-44.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is not collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began by subtracting the date of the last menses. Moreover, this indicator is likely skewed downward for 2005-2007, for the following reason: out-of-state births to NH residents typically have an appropriately high score on the Kotelchuck Index. This is because complicated pregnancies, resulting in high prenatal care usage (i.e. many visits) tend to go to specialty centers outside of NH. In other words, it is reasonable to assume that, if the the out-of-state births were included in the data, the indicator for Kotelchuck would be higher.

3. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2006**Field Note:**

1,933 birth records did not have information needed to do the necessary computations. These records were therefore not included in the denominator.

Data does not include out-of-state births (unavailable), includes multiple births, and is only for women 15-44.

Data is not comparable to years prior to 2005, due to the fact that the month prenatal care began is not collected after 2004. Instead, we collect the date of the first prenatal care visit and calculate the month of pregnancy in which prenatal care began by subtracting the date of the last menses. Moreover, this indicator is likely skewed downward for 2005 and 2006, for the following reason: out-of-state births to NH residents typically have an appropriately high score on the Kotelchuck Index. This is because complicated pregnancies, resulting in high prenatal care usage (i.e. many visits) tend to go to specialty centers outside of NH. In other words, it is reasonable to assume that, if the the out-of-state births were included in the data, the indicator for Kotelchuck would be higher.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>73.0</u>	<u>74.8</u>	<u>76.4</u>	<u>74.0</u>	<u>74.7</u>
Numerator	<u>68,129</u>	<u>71,350</u>	<u>74,571</u>	<u>72,906</u>	<u>74,917</u>
Denominator	<u>93,337</u>	<u>95,444</u>	<u>97,655</u>	<u>98,463</u>	<u>100,309</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator was provided by Maria Pliakos (ext 7194) and Jackie Leone. Data for the denominator is the sum of two numbers: the number of 1 to 21 year olds enrolled/eligible for Medicaid plus 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. The latter number is uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the two age groups used to determine the denominator do not match exactly, this methodology results in the most accurate estimate available.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator was provided by Maria Pliakos (ext 7194) and Jackie Leone. Data for the denominator is the sum of two numbers: the number of 1 to 21 year olds enrolled/eligible for Medicaid plus 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. The latter number is uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the two age groups used to determine the denominator do not match exactly, this methodology results in the most accurate estimate available.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator was provided by Denise Towle (ext 7194) and Jackie Leone. Data for the denominator is the sum of two numbers: the number of 1-21 year olds enrolled/eligible for Medicaid plus 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. The latter number reflects uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the age groups added for the denominator do not match exactly, this methodology results in the most accurate estimate available.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	42.5	48.1	56.3	57.6	61.7
Numerator	8,690	10,057	10,230	10,545	11,418
Denominator	20,426	20,900	18,170	18,321	18,506

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data is from FY2008 416 report, obtained from Maria Pliakos (ext 7194) and Jackie Leone.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data is from FY2007 416 report, obtained from Maria Pliakos (ext 7194) and Jackie Leone.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from FY2006 416 report, obtained from Denise Towle (ext 7194) and Jackie Leone.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>13.1</u>	<u>12.7</u>	<u>8.9</u>	<u>9.5</u>	<u>13.0</u>
Numerator	<u>186</u>	<u>193</u>	<u>145</u>	<u>166</u>	<u>243</u>
Denominator	<u>1,422</u>	<u>1,514</u>	<u>1,636</u>	<u>1,741</u>	<u>1,866</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2008**Field Note:**

The Denominator is the number of recipients of SSI under age 16 in December 2008 - as reported from the SSA December 2008 report - table titled "Number of children under age 16 receiving federally administered SSI payments. The Numerator utilized was determined by reviewing the total number served by SMS in FY 2008 and determining those children with SSI. The SMS database limits our ability to match December 2008 as the cut off date - therefore the numerator was calculated as of the end of the Fiscal Year (June 30, 2008). The increase in the percentage served could be related to expanded efforts to outreach to new SSI enrollees as well as improvements in the SMS Database.

2. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator is specifically those under the age of 16 as of 12/31/07 and the denominator is the number of recipients of SSI as reported from a SSA December 2007 report and a table titled "Number of children under age 16 receiving federally administered SSI payments"

3. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2006**Field Note:**

The decrease in the percentage reported for this HSCI this year is related to the increased specificity of the data retrieval from the SMS database. In previous years the number has included those 16 years old. This year the numerator is specifically those under the age of 16 as of 12/31/06 and the denominator is the number of recipients of SSI as reported from a SSA December 2006 report and a table titled "Number of children under age 16 receiving federally administered SSI payments"

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NH

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Payment source from birth certificate	<u>7.3</u>	<u>5.4</u>	<u>5.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Payment source from birth certificate	<u>7.1</u>	<u>4.5</u>	<u>5.1</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>70.8</u>	<u>89</u>	<u>83.5</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>79</u>	<u>89</u>	<u>86</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	300
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	185
c) <i>Pregnant Women</i>	2008	185

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	300
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	400
c) <i>Pregnant Women</i>	2008	400

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NH

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NH

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: NH Youth Tobacco Survey	3	Yes
Behavioral Risk Factor Surveillance Survey	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1.

Section Number: Form19_Indicator 09A

Field Name: Discharge

Row Name: Hospital discharge survey for at least 90% of in-State discharges

Column Name:

Year: 2010

Field Note:
We have electronic access to the Uniform Hospital Discharge Data Set (UHDDS).
2.

Section Number: Form19_Indicator 09A

Field Name: BAM

Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files

Column Name:

Year: 2010

Field Note:
The Medicaid program recently issued a contract to do this linkage.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NH

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	6.2	6.3	6.4	5.8	5.9
Numerator		800	817	736	733
Denominator		12,780	12,788	12,688	12,379

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2008
Field Note:
 Data does not include out-of-state births (unavailable).
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data does not include out-of-state births (unavailable).
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2006
Field Note:
 Data does not include out-of-state births (unavailable).

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.6</u>	<u>4.5</u>	<u>4.3</u>	<u>4.6</u>	<u>4.3</u>
Numerator	<u></u>	<u>558</u>	<u>528</u>	<u>558</u>	<u>507</u>
Denominator	<u></u>	<u>12,314</u>	<u>12,257</u>	<u>12,262</u>	<u>11,910</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2008
Field Note:
 Does not include out-of-state births (unavailable for 2008).
- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2007
Field Note:
 Does not include out-of-state births (unavailable for 2007).
- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2006
Field Note:
 Does not include out-of-state births (unavailable for 2006).

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.1</u>	<u>1.1</u>	<u>1.0</u>	<u>0.9</u>	<u>0.8</u>
Numerator	<u></u>	<u>136</u>	<u>129</u>	<u>118</u>	<u>104</u>
Denominator	<u></u>	<u>12,780</u>	<u>12,767</u>	<u>12,673</u>	<u>12,369</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2008
Field Note:
Out-of-state births not included (unavailable for 2008).
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2007
Field Note:
Out-of-state births not included (unavailable for 2007).
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2006
Field Note:
Out-of-state births not included (unavailable for 2006).

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.9</u>	<u>0.7</u>	<u>0.6</u>	<u>0.7</u>	<u>0.5</u>
Numerator	<u></u>	<u>88</u>	<u>71</u>	<u>86</u>	<u>64</u>
Denominator	<u></u>	<u>12,314</u>	<u>12,257</u>	<u>12,262</u>	<u>11,910</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2008
Field Note:
Out-of-state births not included (unavailable for 2008).
- Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2007
Field Note:
Out-of-state births not included (unavailable for 2007).
- Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2006
Field Note:
Out-of-state births not included (unavailable for 2006).

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.1</u>	<u>3.3</u>	<u>3.3</u>	<u>3.7</u>	<u>3.3</u>
Numerator	<u>15</u>	<u>8</u>	<u>8</u>	<u>9</u>	<u>8</u>
Denominator	<u>246,953</u>	<u>245,896</u>	<u>243,822</u>	<u>241,716</u>	<u>239,613</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is provisional due to incompleteness of data from out-of-state.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is provisional due to incompleteness of data from out-of-state.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is provisional due to incompleteness of data from out-of-state.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		60.7	0	0	89.3	33.1
Numerator						
Denominator						
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	Yes	Yes
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
Is the Data Provisional or Final?					Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2008**Field Note:**

The Standard Ratio Methodology as described in the block grant guidance (OMB No: 0915-0172, pp. 213-216) is used to calculate this indicator. The guidance calls for using this approach when three-year averaging results in fewer than 20 events, but greater than 4 events. The guidelines also call for using a "consistent approach" from year to year. The use of this methodology has been further confirmed as appropriate to use in NH after conversations with Chris Dykton of the HRSA.GOV Call Center (and SAIC.com) and with Ellen Volpe of HRSA, most recently in June of 2009. The question of what to do when, in a given year, the 3-year average varies and is 4 or less was also asked; and NH was advised to continue using this approach consistently. The approach has been used by NH since 2001. The methodology poses issues for anyone comparing data to other states or national averages, since numbers that appear for some measures or indicators look very odd in comparison.

Re the Standard Ratio Methodology as it applies to this measure: Essentially, 33.1 means that the 1 event that occurred in NH is 33.1% of what one would expect, given the US rate. Please note that this calculation was done using the 2006 US rate, because it was the most recent year available.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Calendar year 2008 vital records death data is provisional, due to the fact that out-of-state data is incomplete.

Raw data is as follows:

NH numerator: 1
 NH denominator: 239,613
 US Rate per 100,000; 2006: 1.26

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

2. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Calendar year 2007 vital records death data is provisional, due to the fact that out-of-state data is incomplete.

Raw data is as follows:

NH numerator: 3
 NH denominator: 241,716
 US Rate per 100,000; 2005: 1.39

US data source: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

The Standard Ratio methodology as described in the block grant guidance is used to calculate the indicator. Essentially, 89.3 means that 3 events in NH is 89.3% of what one would expect, given the US rate per 100,000. Please note that this calculation is based on the 2005 US rate, because it was the most recent year available.

3. Section Number: Form20_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

Updated data for 2006 became available during preparation of the 2009 application, so this data has been entered, superceding the 2004 data that was provided for 2006 in

the 2008 application. There were no deaths in 2006.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>27.8</u>	<u>6.0</u>	<u>8.0</u>	<u>6.8</u>	<u>9.7</u>
Numerator	<u>50</u>	<u>11</u>	<u>15</u>	<u>13</u>	<u>19</u>
Denominator	<u>179,723</u>	<u>183,353</u>	<u>187,372</u>	<u>191,336</u>	<u>195,306</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is provisional due to the incompleteness of out-of-state data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is provisional due to the incompleteness of out-of-state data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	111.6	113.1	127.6	127.6	127.6
Numerator	278	278	311		
Denominator	249,040	245,896	243,822		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is unavailable. The data for 2006 is used, since it is the most recent complete data.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2007
Field Note:
 2007 data is unavailable. The data for 2006 is used, since it is the most recent complete data.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is provisional due to the incompleteness of out-of-state data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	9.6	6.9	6.6	6.6	6.6
Numerator	24	17	16		
Denominator	249,040	245,896	243,822		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data is not available. 2006 is used, since it is the most recent complete data.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is not available. 2006 is used, since it is the most recent complete data.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is provisional due to the incompleteness of out-of-state data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	93.1	93.3	91.3	91.3	91.3
Numerator	166	171	171		
Denominator	178,265	183,353	187,372		

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is not available. The indicator result for 2006 is used, as it is the the most recent year for which complete data is available.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is not available. The indicator result for 2006 is used, as it is the the most recent year for which complete data is available.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is provisional due to the incompleteness of out-of-state data.

Starting with the year 2005, NH is using the following document as guidance for injury data:

Johnson RL, Thomas KE, Sarmiento K. State Injury Indicators: Instructions for Preparing 2005 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	12.5	11.2	11.7	12.0	12.0
Numerator	533	528	550	562	563
Denominator	42,624	46,969	46,955	46,955	46,955

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator is from Heather Barto (3932) and Dana Hull, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

2. Section Number: Form20_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator is from Heather Barto, Communicable Disease Surveillance Section, 271-3932.

Denominator is from the US Bureau of the Census, Estimates Branch.

3. Section Number: Form20_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator is from Patricia Blackman, Communicable Disease Surveillance Section.

Denominator is from US Bureau of the Census, Estimates Branch.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.2</u>	<u>3.5</u>	<u>3.3</u>	<u>4.4</u>	<u>4.6</u>
Numerator	<u>736</u>	<u>788</u>	<u>736</u>	<u>953</u>	<u>1,008</u>
Denominator	<u>226,570</u>	<u>222,334</u>	<u>220,289</u>	<u>217,692</u>	<u>217,692</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator is from Heather Barto (3932) and Dana Hull, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator is from Heather Barto (3932) and Dana Hull, Communicable Disease Surveillance Section.

Denominator is from the US Bureau of the Census, Estimates Branch.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Data from Patricia Blackman, Bureau of Disease Control and Health Statistics, 271-4490

Denominator is from US Bureau of the Census, Estimates Branch.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	14,260	13,162	286	48	395	6	363	0
Children 1 through 4	60,865	55,820	1,527	155	1,856	30	1,477	0
Children 5 through 9	78,400	72,477	1,913	218	2,009	28	1,755	0
Children 10 through 14	87,081	82,191	1,495	219	1,560	37	1,579	0
Children 15 through 19	93,691	89,561	1,325	290	1,343	40	1,132	0
Children 20 through 24	82,705	78,622	1,079	340	1,493	39	1,132	0
Children 0 through 24	417,002	391,833	7,625	1,270	8,656	180	7,438	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	13,728	532	0
Children 1 through 4	58,621	2,244	0
Children 5 through 9	75,433	2,967	0
Children 10 through 14	84,271	2,810	0
Children 15 through 19	91,137	2,554	0
Children 20 through 24	80,333	2,372	0
Children 0 through 24	403,523	13,479	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	4	4	0	0	0	0	0	0
Women 15 through 17	201	176	0	0	0	0	7	18
Women 18 through 19	657	587	12	1	0	1	9	47
Women 20 through 34	9,483	8,481	139	10	333	7	79	434
Women 35 or older	2,033	1,810	32	6	84	2	26	73
Women of all ages	12,378	11,058	183	17	417	10	121	572

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	4	0	0
Women 15 through 17	178	21	2
Women 18 through 19	601	51	5
Women 20 through 34	8,991	373	119
Women 35 or older	1,956	55	22
Women of all ages	11,730	500	148

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	87	76	5	0	2	0	2	2
Children 1 through 4	11	9	0	0	0	0	1	1
Children 5 through 9	8	6	0	0	1	0	0	1
Children 10 through 14	9	9	0	0	0	0	0	0
Children 15 through 19	36	34	0	0	0	0	1	1
Children 20 through 24	63	51	3	0	1	2	4	2
Children 0 through 24	214	185	8	0	4	2	8	7

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	83	4	0
Children 1 through 4	10	1	0
Children 5 through 9	7	1	0
Children 10 through 14	7	1	1
Children 15 through 19	33	0	3
Children 20 through 24	61	1	1
Children 0 through 24	201	8	5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	334,516	313,211	6,546	930	7,163	141	6,525	0	2007
Percent in household headed by single parent	20.0	19.5	40.0	32.0	11.2	29.5	29.3	35.0	2006
Percent in TANF (Grant) families	2.8	2.5	7.3	1.9	0.8	3.5	0.0	0.0	2008
Number enrolled in Medicaid	80,333	77,644	1,922	89	595	83	0	0	2008
Number enrolled in SCHIP	77,515	75,000	1,870	75	500	70	0	0	2008
Number living in foster home care	1,125	909	49	8	29	0	25	105	2007
Number enrolled in food stamp program	31,429	29,456	1,390	36	196	26	0	325	2008
Number enrolled in WIC	19,071	16,847	1,440	171	325	11	277	0	2008
Rate (per 100,000) of juvenile crime arrests	1,107.0	1,107.0	1,107.0	1,107.0	1,107.0	1,107.0	1,107.0	1,107.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	323,409	11,107	0	2007
Percent in household headed by single parent	19.6	33.0	0.0	2007
Percent in TANF (Grant) families	2.6	6.3	0.0	2008
Number enrolled in Medicaid	75,029	5,304	0	2008
Number enrolled in SCHIP	74,902	2,613	0	2008
Number living in foster home care	988	75	62	2007
Number enrolled in food stamp program	28,797	2,632	0	2008
Number enrolled in WIC	17,412	1,659	0	2008
Rate (per 100,000) of juvenile crime arrests	1,107.0	1,107.0	1,107.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.5	2.5	2.5	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	202,207
Living in rural areas	132,309
Living in frontier areas	0
Total - all children 0 through 19	334,516

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,315,809.0
Percent Below: 50% of poverty	2.0
100% of poverty	5.7
200% of poverty	19.1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	334,516.0
Percent Below: 50% of poverty	2.0
100% of poverty	7.8
200% of poverty	19.1

FORM NOTES FOR FORM 21

2007 data from the Census Bureau's Estimates Branch. Updated (2008) data not yet available, and likely not to vary significantly (per Tom Duffy, Office of State Planning).

FIELD LEVEL NOTES

- 1. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
2008 Estimate